



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

**D5476-1**

**Job Sheet 179745**



Part No: D5476-1

Job Qty: 20 ea

Part Name: Clamp



Part Weight: 0 lbs

Status: Scheduled

Priority: Medium

Job Created: 6/21/18

Job Tracking No:

Due Date: 7/18/18

Created By: Marie Lajeunesse

Type: Stock

Description:

Note: DWG REV A IPP Rev: A 17.03.27 New Issue DP Verify:DD

Ship Via:

### Bill of Materials

### Job Routing

| Op No | Operation          | Qty    | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off          |
|-------|--------------------|--------|------------|----------|-----------|---------|-----------------------|-----------|-------------------|
|       |                    |        |            |          | Setup hrs | Run Hrs | Workcenter / Supplier | Lead Time |                   |
| 90    | Start up Operation | 20 Ea  |            | 7/18/18  | 0.00      | 0.00    | Start Up Waterjet     |           | <i>SC 8/26/18</i> |
| 100   | Waterjet           | 20 pcs |            | 7/18/18  | 0.00      | 1.46    | Waterjet1             |           | <i>SC 8/26/18</i> |
| 110   | QC                 | 20 pcs |            | 7/18/18  | 0.00      | 0.00    | QC2 Waterjet-4        |           | <i>SC 8/26/18</i> |
| 120   | QC                 | 20 pcs |            | 7/18/18  | 0.00      | 0.00    | QC8-6                 |           | <i>38</i>         |
| 130   | Brake NC           | 20 pcs |            | 7/18/18  | 0.17      | 1.11    | Brake NC 1            |           | <i>9-89</i>       |
| 140   | QC                 | 20 pcs |            | 7/18/18  | 0.00      | 0.00    | QC5                   |           | <i>10-08-18</i>   |
| 150   | Packaging          | 20 pcs |            | 7/18/18  | 0.00      | 0.00    | Packaging3            |           | <i>5/15/18</i>    |
| 160   | QC21-SA            | 20 Ea  |            | 7/18/18  | 0.00      | 0.00    | QC21                  |           | <i>DAS 21</i>     |

### Job BOM

| Part / Item | Component Name   | Quantity            | Operation             | Container |
|-------------|------------------|---------------------|-----------------------|-----------|
| M304S14GA   | 304SS sheet .080 | 1.0600 sf (.053 ea) | 90-Start up Operation |           |

### Job Allocations

| Operation             | Component Part | Required | Inventory | Allocated |
|-----------------------|----------------|----------|-----------|-----------|
| 90-Start up Operation | M304S14GA      | 1        | 126       | 0         |

### Part Specifications

Specifications could not be found.

Plex 6/21/18 7:47 AM Dart.lajeunesse.marie

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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-|---------|--------------------------|-------------------|--------------------------|----------|--------------------------|-----------------|--------------------------|---------------|--------------------------|------------|--------------------------|------------|--------------------------|--------------------|--------------------------|------------------|--------------------------|---------------------------------|--------------------------|--------------|--------------------------|---------|--------------------------|------------------|--------------------------|---------|--------------------------|-------------|--------------------------|-----------------------|--------------------------|--------|--------------------------|-----|--------------------------|---------------------|--------------------------|--|--|--|--|---------|--------------------------|------------|--------------------------|---------------------|--------------------------|--|--|--|--|------------------|--------------------------|------------------|--------------------------|-----------------------|--------------------------|--|--|--|--|--|--|---------------|--------------------------|----------|--------------------------|---------|--|--|--|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br><br>Suspected Unusable <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Tooling/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| Date : _____                                                                                                                                                                                                                                                                   |                                                                                                                                                                                      | MRB (QSI042) Approval<br><br>_____<br><br>Completed By<br><br>_____<br><br>Lead hand / Supervisor Approval Verification<br><br>_____<br><br>QC / QA Coordinator Approval<br><br>_____                                                                                                                                                                                                                                                                                                                                                                          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| Description<br><br><div style="text-align: center;"> <br/> <b>Container No: S084783</b><br/> <b>Part No: S084783</b><br/> <b>Job No: S084783</b><br/> <b>Serial: S084783</b><br/> <b>Rev: S084783</b><br/> <b>Inst. Date: S084783</b><br/> <b>Instructions: S084783</b> </div> |                                                                                                                                                                                      | Root Cause<br><table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Environment</td> <td style="width:5%;"><input type="checkbox"/></td> <td style="width:15%;">No Re-verification</td> <td style="width:5%;"><input type="checkbox"/></td> <td style="width:15%;">Cracks</td> <td style="width:5%;"><input type="checkbox"/></td> <td style="width:15%;">Grain</td> <td style="width:5%;"><input type="checkbox"/></td> <td style="width:15%;">Positioned Wrong</td> <td style="width:5%;"><input type="checkbox"/></td> </tr> <tr> <td>Design</td> <td><input type="checkbox"/></td> <td>Operator</td> <td><input type="checkbox"/></td> <td>Broken/Damage/Defect</td> <td><input type="checkbox"/></td> <td>Weld</td> <td><input type="checkbox"/></td> <td>Outside Dimensions</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Doc/Data</td> <td><input type="checkbox"/></td> <td>Offset/Setup</td> <td><input type="checkbox"/></td> <td>Inspection Incomplete/Unqualified</td> <td><input type="checkbox"/></td> <td>Wrong Stock Pulled</td> <td><input type="checkbox"/></td> <td>Over/Under tolerance</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Equip/Tooling</td> <td><input type="checkbox"/></td> <td>Supplier</td> <td><input type="checkbox"/></td> <td>Contamination</td> <td><input type="checkbox"/></td> <td>Out of Sequence</td> <td><input type="checkbox"/></td> <td>Part Incorrect</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Handling/Pre</td> <td><input type="checkbox"/></td> <td>Training</td> <td><input type="checkbox"/></td> <td>Countersink</td> <td><input type="checkbox"/></td> <td>Off-set</td> <td><input type="checkbox"/></td> <td>Part Lost/Missing</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Material</td> <td><input type="checkbox"/></td> <td>Use for Testing</td> <td><input type="checkbox"/></td> <td>Cut Too Short</td> <td><input type="checkbox"/></td> <td>Mislabeled</td> <td><input type="checkbox"/></td> <td>Part Moved</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Internal Transport</td> <td><input type="checkbox"/></td> <td>Poor Information</td> <td><input type="checkbox"/></td> <td>Instructions Incomplete/Unclear</td> <td><input type="checkbox"/></td> <td>Fit/Function</td> <td><input type="checkbox"/></td> <td>Drawing</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Tribal Knowledge</td> <td><input type="checkbox"/></td> <td>Rushing</td> <td><input type="checkbox"/></td> <td>Drill Holes</td> <td><input type="checkbox"/></td> <td>Misaligned/off center</td> <td><input type="checkbox"/></td> <td>Finish</td> <td><input type="checkbox"/></td> </tr> <tr> <td>LOA</td> <td><input type="checkbox"/></td> <td>Product Improvement</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>Misread</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Substation</td> <td><input type="checkbox"/></td> <td>Process Improvement</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>Turning Sequence</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Past Expiry Date</td> <td><input type="checkbox"/></td> <td>Manufacturing Process</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Misidentified</td> <td><input type="checkbox"/></td> <td>Past Due</td> <td><input type="checkbox"/></td> <td>OTHER :</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> |                          |                                   | Environment              | <input type="checkbox"/> | No Re-verification       | <input type="checkbox"/> | Cracks                   | <input type="checkbox"/> | Grain | <input type="checkbox"/> | Positioned Wrong | <input type="checkbox"/> | Design | <input type="checkbox"/> | Operator | <input type="checkbox"/> | Broken/Damage/Defect | <input type="checkbox"/> | Weld | <input type="checkbox"/> | Outside Dimensions | <input type="checkbox"/> | Doc/Data | <input type="checkbox"/> | Offset/Setup | <input type="checkbox"/> | Inspection Incomplete/Unqualified | <input type="checkbox"/> | Wrong Stock Pulled | <input type="checkbox"/> | Over/Under tolerance | <input type="checkbox"/> | Equip/Tooling | <input type="checkbox"/> | Supplier | <input type="checkbox"/> | Contamination | <input type="checkbox"/> | Out of Sequence | <input type="checkbox"/> | Part Incorrect | <input type="checkbox"/> | Handling/Pre | <input type="checkbox"/> | Training | <input type="checkbox"/> | Countersink | <input type="checkbox"/> | Off-set | <input type="checkbox"/> | Part Lost/Missing | <input type="checkbox"/> | Material | <input type="checkbox"/> | Use for Testing | <input type="checkbox"/> | Cut Too Short | <input type="checkbox"/> | Mislabeled | <input type="checkbox"/> | Part Moved | <input type="checkbox"/> | Internal Transport | <input type="checkbox"/> | Poor Information | <input type="checkbox"/> | Instructions Incomplete/Unclear | <input type="checkbox"/> | Fit/Function | <input type="checkbox"/> | Drawing | <input type="checkbox"/> | Tribal Knowledge | <input type="checkbox"/> | Rushing | <input type="checkbox"/> | Drill Holes | <input type="checkbox"/> | Misaligned/off center | <input type="checkbox"/> | Finish | <input type="checkbox"/> | LOA | <input type="checkbox"/> | Product Improvement | <input type="checkbox"/> |  |  |  |  | Misread | <input type="checkbox"/> | Substation | <input type="checkbox"/> | Process Improvement | <input type="checkbox"/> |  |  |  |  | Turning Sequence | <input type="checkbox"/> | Past Expiry Date | <input type="checkbox"/> | Manufacturing Process | <input type="checkbox"/> |  |  |  |  |  |  | Misidentified | <input type="checkbox"/> | Past Due | <input type="checkbox"/> | OTHER : |  |  |  |  |  |
| Environment                                                                                                                                                                                                                                                                    | <input type="checkbox"/>                                                                                                                                                             | No Re-verification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| Grain                    | <input type="checkbox"/> | Positioned Wrong         | <input type="checkbox"/> |                          |       |                          |                  |                          |        |                          |          |                          |                      |                          |      |                          |                    |                          |          |                          |              |                          |                                   |                          |                    |                          |                      |                          |               |                          |          |                          |               |                          |                 |                          |                |                          |              |                          |          |                          |             |                          |   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| Design                                                                                                                                                                                                                                                                         | <input type="checkbox"/>                                                                                                                                                             | Operator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| Weld                     | <input type="checkbox"/> | Outside Dimensions       | <input type="checkbox"/> |                          |       |                          |                  |                          |        |                          |          |                          |                      |                          |      |                          |                    |                          |          |                          |              |                          |                                   |                          |                    |                          |                      |                          |               |                          |          |                          |               |                          |                 |                          |                |                          |              |                          |          |                          |             |                          |   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| Doc/Data                                                                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                                                                                             | Offset/Setup                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| Wrong Stock Pulled       | <input type="checkbox"/> | Over/Under tolerance     | <input type="checkbox"/> |                          |       |                          |                  |                          |        |                          |          |                          |                      |                          |      |                          |                    |                          |          |                          |              |                          |                                   |                          |                    |                          |                      |                          |               |                          |          |                          |               |                          |                 |                          |                |                          |              |                          |          |                          |             |                          |   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| Equip/Tooling                                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                                                                                                                                             | Supplier                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| Out of Sequence          | <input type="checkbox"/> | Part Incorrect           | <input type="checkbox"/> |                          |       |                          |                  |                          |        |                          |          |                          |                      |                          |      |                          |                    |                          |          |                          |              |                          |                                   |                          |                    |                          |                      |                          |               |                          |          |                          |               |                          |                 |                          |                |                          |              |                          |          |                          |             |                          |   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| Handling/Pre                                                                                                                                                                                                                                                                   | <input type="checkbox"/>                                                                                                                                                             | Training                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| Off-set                  | <input type="checkbox"/> | Part Lost/Missing        | <input type="checkbox"/> |                          |       |                          |                  |                          |        |                          |          |                          |                      |                          |      |                          |                    |                          |          |                          |              |                          |                                   |                          |                    |                          |                      |                          |               |                          |          |                          |               |                          |                 |                          |                |                          |              |                          |          |                          |             |                          |   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| Material                                                                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                                                                                             | Use for Testing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| Mislabeled               | <input type="checkbox"/> | Part Moved               | <input type="checkbox"/> |                          |       |                          |                  |                          |        |                          |          |                          |                      |                          |      |                          |                    |                          |          |                          |              |                          |                                   |                          |                    |                          |                      |                          |               |                          |          |                          |               |                          |                 |                          |                |                          |              |                          |          |                          |             |                          |   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| Internal Transport                                                                                                                                                                                                                                                             | <input type="checkbox"/>                                                                                                                                                             | Poor Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| Fit/Function             | <input type="checkbox"/> | Drawing                  | <input type="checkbox"/> |                          |       |                          |                  |                          |        |                          |          |                          |                      |                          |      |                          |                    |                          |          |                          |              |                          |                                   |                          |                    |                          |                      |                          |               |                          |          |                          |               |                          |                 |                          |                |                          |              |                          |          |                          |             |                          |   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        |                  |                          |                       |                          |  |  |  |  |  |  |               |                          |          |                          |         |  |  |  |  |  |
| Tribal Knowledge                                                                                                                                                                                                                                                               | <input type="checkbox"/>                                                                                                                                                             | Rushing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| Misaligned/off center    | <input type="checkbox"/> | Finish                   | <input type="checkbox"/> |                          |       |                          |                  |                          |        |                          |          |                          |                      |                          |      |                          |                    |                          |          |                          |              |                          |                                   |                          |                    |                          |                      |                          |               |                          |          |                          |               |                          |                 |                          |                |                          |              |                          |          |                          |             |                          |   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        |                  |                          |                       |                          |  |  |  |  |  |  |               |                          |          |                          |         |  |  |  |  |  |
| LOA                                                                                                                                                                                                                                                                            | <input type="checkbox"/>                                                                                                                                                             | Product Improvement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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|                          |                          | Misread                  | <input type="checkbox"/> |                          |       |                          |                  |                          |        |                          |          |                          |                      |                          |      |                          |                    |                          |          |                          |              |                          |                                   |                          |                    |                          |                      |                          |               |                          |          |                          |               |                          |                 |                          |                |                          |              |                          |          |                          |             |                          |   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        |                  |                          |                       |                          |  |  |  |  |  |  |               |                          |          |                          |         |  |  |  |  |  |
| Substation                                                                                                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                             | Process Improvement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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|                          |                          | Turning Sequence         | <input type="checkbox"/> |                          |       |                          |                  |                          |        |                          |          |                          |                      |                          |      |                          |                    |                          |          |                          |              |                          |                                   |                          |                    |                          |                      |                          |               |                          |          |                          |               |                          |                 |                          |                |                          |              |                          |          |                          |             |                          |   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        |                  |                          |                       |                          |  |  |  |  |  |  |               |                          |          |                          |         |  |  |  |  |  |
| Past Expiry Date                                                                                                                                                                                                                                                               | <input type="checkbox"/>                                                                                                                                                             | Manufacturing Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| Misidentified                                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                                                                                                                                             | Past Due                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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# INSPECTION SHEET

DAS

38  
9-89

**Date:**

**Approved**



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MRB (QSI042) Approval                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Mislabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |
| OTHER :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |